



2025 Cuyahoga County Employee Benefit Rates

Bi-Weekly Deductions

Medical Plans

MetroHealth Plan Name:	Metro Health High Deductible
Employee Only	\$0.00
Employee + Family	\$0.00

MetroHealth Plan Name:	Metro Health Select Premier
Employee Only	\$22.06
Employee + Family	\$57.36

Medical Mutual Plan Name:	SuperMed EPO
Employee Only	\$55.44
Employee + Family	\$144.15

Medical Mutual Plan Name:	SuperMed PPO
Employee Only	\$70.04
Employee + Family	\$182.09

Dental Plan

Delta Dental	
Employee	\$1.73
Employee + Family	\$4.61

Vision Plan

VSP Vision Plan	
Employee Only	\$0.29
Employee + Family	\$0.75